



Internet Version

WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. It creates a durable power of attorney. Before executing this document, you should know these important facts:

This document may provide the person you designate as your attorney in fact with broad powers with respect to your State Teachers' Retirement System benefits including powers to manage, dispose, sell, and convey your real and personal property and to borrow money using your property as security for the loan in connection with those benefits.

These powers will exist for an indefinite period of time unless you limit their duration in this document. These powers will continue to exist notwithstanding your subsequent disability or incapacity.

You have the right to revoke or terminate this power of attorney.

If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

I, _____, of _____,
(name of STRS member or benefit recipient) (street address)

City of _____, State of _____, Zip Code _____, Social Security Number _____,

hereby appoint _____, of _____,
(name of attorney in fact) (street address)

City of _____, State of _____, Zip Code _____, Social Security Number _____,

my true and lawful attorney in fact, for me and in my name, place and stead, and for my use and benefit, to transact all matters relating to the State Teachers' Retirement System (STRS) including, but not limited to, filing applications, making benefit elections, and designating or changing beneficiaries, including designating my attorney in fact.

I further give and grant, unto my said attorney in fact, full power and authority to do and perform every act necessary and proper to be done in the exercise of any of the foregoing powers as fully as I might or could do if personally present with respect to STRS, hereby ratifying and confirming all that my said attorney in fact shall lawfully do or cause to be done by virtue hereof.

This power of attorney shall not be affected by my subsequent incapacity. My attorney in fact is hereby instructed to notify STRS in writing of my death immediately upon its occurrence.

Executed before a Notary this _____ day of _____, 19____, at _____,
(city) (state)

(Signature)

(typed or printed name)

ACKNOWLEDGMENT

State of _____) ss.

County of _____)

On this _____ day of _____, 19____ before me, a Notary Public, personally appeared _____
(name)

_____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Signature of Notary Public)